

Emergency Assistance Program

Owner-Occupied

Rehabilitation Program

Attached is an application for the Southern Housing Region Emergency Assistance Program. You must complete the entire application and return it to our office along with all applicable documentation. You will not be added to the application list until a complete application is submitted.

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
____ YES ____ NO **(YOU MUST CHECK ONE)**

In order to be eligible, your income must be below the following limits for the county you live in:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Columbia	\$42,500	\$48,600	\$54,650	\$60,700	\$65,600	\$70,450	\$75,300	\$80,150
Dodge	\$41,850	\$47,800	\$53,800	\$59,750	\$64,550	\$69,350	\$74,100	\$78,900
Jefferson	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850	\$75,750	\$80,600
Ozaukee	\$43,300	\$49,500	\$55,700	\$61,850	\$66,800	\$71,750	\$76,700	\$81,650
Sauk	\$38,200	\$43,650	\$49,100	\$54,550	\$58,950	\$63,300	\$67,650	\$72,050
Washington	\$43,300	\$49,500	\$55,700	\$61,850	\$66,800	\$71,750	\$76,700	\$81,650

Return application to:

Emergency Assistance Program

CDBG Rehabilitation Program

201 Corporate Drive

Beaver Dam, WI 53916

Phone: 800-552-6330 Fax: 920-887-4250

Email: skoehn@msa-ps.com



Southern Housing Region Community Development Block Grant
Emergency Assistance Program
Owner Application

Office Use Only: Application Number _____ Date Received _____

All information contained in this application is strictly confidential. Please fill out all pages (front and back).

Applicants Name:	Age
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Co-Applicants Name:	
	Age

(Note: If you have a fiancé' or significant other living with you, please list here.)

Current Street Address:

Street Address	City	State	Zip
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Mailing Address: (if different)

Street Address	City	State	Zip
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Phone Number: (Home): (Work): (Cell):

Email Address:

May we contact you via email? (*circle one*) Yes No

May we contact you at work? (*circle one*) Yes No

TOTAL NUMBER OF PEOPLE LIVIING IN THE HOME:

LIST ALL PEOPLE WHO LIVE IN THE HOME AT LEAST 50 % OF THE TIME (INCLUDING CHILDREN):

[illegible]

You are not required to answer the questions below. If you choose not to answer them, please check here._____

Sex of Applicant: _____Male _____Female

Head of Household: _____Male _____Female

Marital Status of Applicant: _____Single _____Married _____Divorced _____Separated _____Widowed

Racial/Ethnic Background, Check One:

_____ White	_____ American Indian/Alaskan Native & White
_____ Black/African American	_____ Asian & White
_____ Asian	_____ Black/African American & White
_____ American Indian/Alaskan Islander	_____ American Indian/Alaskan Native &
_____ Native Hawaiian/Other Pacific Islander	_____ Black/African American
_____ Hispanic	_____ Balance/Other

Is this your primary residence? ☐ Yes ☐ No

What type of property is this?

☐ Single Family ☐ Multi-Family (# of units_____) ☐ Mobile Home (MUST be tied down and MUST own the land home is on)

☐ Other _____

Name(s) on Property Title	Date of Purchase	Year Property Built (YOU <u>MUST</u> PUT APPROXIMATE YEAR)

Is the dwelling in a 100 year floodplain? ☐ Yes ☐ No

Are you on a private well? ☐ Yes ☐ No

If yes, has it been tested since the flood waters have receded? ☐ Yes ☐ No

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

FLOOD INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

EXPLAIN DAMAGES:

**FUNDS APPLIED FOR AND/OR RECEIVED FROM
(Check all that apply)**

	Applied		Dollar Amount		Pending		Denied		Appealing
FEMA									
Small Business Administration (SBA)									
Individual and Family Grant (IFG)									
State/Local									
Banks									
Insurance									
Federal Home Loan Bank									
Other									

PLEASE SUBMIT:

- 1) Documentation from FEMA stating you have or have not received funds through them. If you have received funds through FEMA, please submit documentation as to what work was covered.
- 2) Documentation from your insurance company stating if you have received funds from them. If you have received funds from your insurance company, please submit documentation as to what work was covered.
- 3) Documentation / receipts for work already completed.
- 4) Estimates for work to be done.
- 5) Copy of your homeowner's insurance policy and flood insurance policy if applicable
- 6) Copy of most recent property tax bill

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

<p>Circle Y for Yes, N for No</p>	<p>Income Source</p>	<p>Documentation Required</p>
<p>1. Y N</p>	<p>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p>	<p>Will need most recent 3 months of check stubs</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Name</p>
<p>2. Y N</p>	<p>Self employed (Describe type of business)</p> <p>_____</p>	<p>Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules</p>
<p>3. Y N</p>	<p>Unemployment benefits and/or Worker's Compensation.</p>	<p>Will need most recent 3 months of check stubs</p>
<p>4. Y N</p>	<p>Social Security, Supplemental Security Income (SSI) or Disability.</p>	<p>Send benefit statement</p>
<p>5. Y N</p>	<p>Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies.</p> <p>If yes, list sources and whose name is on account:</p> <p>1) _____</p> <p>2) _____</p>	<p>Send most recent documentation</p> <p>\$ _____</p> <p>\$ _____</p>
<p>6. Y N</p>	<p>Income from real or personal property i.e.: interest or dividends</p>	<p>\$ _____</p>
<p>7. Y N</p>	<p>Alimony/spousal maintenance payments.</p>	<p>Will need most recent 3 months of check stubs</p>
<p>8. Y N</p>	<p>I am entitled to receive Child Support Payments.</p> <p>If yes, then answer the following:</p> <p><input type="checkbox"/> I am currently receiving child support payments. (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do.</p>	<p>Will need last 3 months of what you have received and copy of court order</p> <p>\$ _____</p> <p>\$ _____</p>

9. Y N	Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____	Will need last 3 months of what you have received \$ _____ \$ _____
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Circle Y for Yes, N for No	Assets	Cash Value/Balance	
10. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need last 6 months bank statements OR a signed statement from bank with 6 month average balance.	Name on Account _____ _____
11. Y N	Savings account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need most current bank statement \$ _____ \$ _____	Name on account _____ _____
12. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ 3) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____ \$ _____	Name on account _____ _____ _____
13. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1) _____ 2) _____	\$ _____ \$ _____	Please send copy of property tax statement
14. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	\$ _____ \$ _____	Name on account _____ _____
15. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Acct, etc. If yes, list source/bank names & addresses or contact info on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account _____ _____

16. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account _____ _____
17. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	Need current documentation \$ _____ \$ _____	

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. Read and initial statements below:

- ☐ I understand the Southern Housing Region EAP funds are offered as a grant and will not be required to be repaid.
- ☐ I understand the Southern Housing Region EAP will inspect the property to determine what, if any, repairs are necessary.
- ☐ I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.
- ☐ I authorize the Southern Housing Region EAP to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.
- ☐ I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the Southern Housing Region EAP.
- ☐ Failure to comply with these conditions could result in the withdrawal of the Southern Housing Region EAP participation or the recall of the full amount of the Southern Housing Region EAP funds.
- ☐ I understand there are project review fees which are included in the grant amount.
- ☐ This is the only CDBG EAP application submitted for the property described in this application.

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

CONFLICT OF INTEREST		
Do you have any family or business ties to any of the following people? Yes_____ No_____		
Vern Gove, County Board Chairperson	Robert McClyman, Board Member	Mark Sleger, Board Member
Lois Schepp, Lead County	Mike Weyh, Board Member	Gary Leatherberry, Board Member
Nate Olson, Dodge County	Tom Borgkvist, Board Member	Christopher Polzer, Board Member
Ben Wehmeier, Jefferson County	Adam Field, Board Member	Harlan Baumgartner, Board Mem.
Andy Buehler, Kenosha County	Kirk Konkell, Board Member	Keith Miller, Board Member
Andrew Struck, Ozaukee County	Craig Robson, Board Member	Tim Zander, Board Member
Julie Anderson, Racine County	Matthew Rohrbeck, Board Member	Henry St. Maurice, Board Member
Colin Byrnes, Rock County	Don DeYoung, Board Member	Brandon Blair, Board Member
Alene Bolin, Sauk County	JoAnn Wingers, Board Member	James Foley, Board Member
Nicole Hill, Walworth County	Bruce Rashke, Board Member	John Stevenson, Board Member
Jay Shambeau, Washington County	Barry Pufahl, Board Member	Jon Plumer, Board Member
Kari Justmann, Housing Team Leader	Dan Drew, Board Member	Bob Koch, Board Member
Susan Maier, Program Administrator	Susanna Bradley, Board Member	Nancy Long, Board Member
Sue Koehn, Program Administrator	Stacy Griswold, Program Assistant	Kevin Kessler, Board Member

If yes, list name of person and disclose the nature of the relationship:

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I/We will return any disaster aid money received from the State of Wisconsin or any other source if insurance or other money is received for the same loss.

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Southern Housing Region EAP Program to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Southern Housing Region EAP Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time of obligation is incurred.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Southern Housing Region EAP Program and will be used for no other purpose.

_____ Signature _____ Date

_____ Signature _____ Date